



IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANTS: Brett Error and John Pestana
APPLICATION NO.: 10/609,008
FILING DATE: June 27, 2003
TITLE: Capturing and Presenting Site Visitation Path Data
EXAMINER: Safet Metjahic
GROUP ART UNIT: 2161
ATTY. DKT. NO.: 32021-08054

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: June 17, 2005

By: _____

Amir H. Raubvogel, Reg. No.: 37,070

COMMISSIONER FOR PATENTS
P.O. BOX 1450
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STATUS REQUEST

SIR:

Our file for the subject application reveals that there has been no action on this application since the mailing of the Information Disclosure Statement on January 9, 2004.

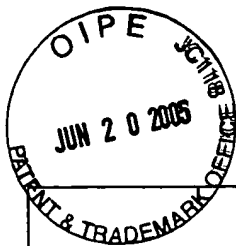
Please inform the undersigned, at the below stated address, of the status of this application.

Respectfully submitted,
Brett Error and John Pestana

Dated: June 17, 2005

By: _____

Amir H. Raubvogel, Reg. No.: 37,070
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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/609,008
		Filing Date	June 27, 2003
		First Named Inventor	Brett Error
		Group Art Unit Number	2161
		Examiner Name	Safet Metjahic
Total Number of Pages in This Submission	2	Attorney Docket Number	32021-08054

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): ___ Sheets of Figures ___
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> _____
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> _____
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> _____
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Status Request	<input type="checkbox"/> _____
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Amir H. Raubvogel, Reg. No.: 37,070	Dated:	June 17, 2005

CERTIFICATE OF MAILING			
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Signature:			
Typed or Printed Name:	Amir H. Raubvogel	Dated:	June 17, 2005
Express Mail Mailing Number (optional):			